Company and Senger	<u>)</u>	th applicable fo	or <u>Fax</u>	Mail Stop ISSUI Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450		
INSTRUCTIONS: This fed appropriate. All further con- indicated unless corrected to maintenance freework canon	n should be used for tran espondence including the elow or directed otherwise s.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and PUBLI ders and notification) specifying a new of	CATION FEE (if required of maintenance fees we correspondence address	nired). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sepa	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE 30503 759	ADDRESS (Note: Use Block 1 for 00 02/03/2005 EN, PATENT ATTO D.		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
				Steven, J. Rosen (Depositor's name)			
				February 4, 2005 (Signature)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVE		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/646,302	08/22/2003	l	Todd Jay Rockstr	oh	134535	9193	
TITLE OF INVENTION: SI	NGLE HEAD LASER HIG	H THROUGHPUT	LASER SHOCK P	EENING			
APPLN, TYPE .	SMALL ENTITY	ISSUE FI	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$300	\$1700	05/03/2005	
EXAMINER ART UNI		it c	LASS-SUBCLASS]			
JOHNSON, JO	NATHAN J	1725		219-121600			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form (1) the names of or agents OR, all (2) the name of registered attorn				single firm (having as a member a y or agent) and the names of up to tt attorneys or agents. If no name is			
(A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion of E	elow, no assignee of this form is NOT	data will appear on a substitute for filing) RESIDENCE: (CIT	the patent. If an assign an assignment. TY and STATE OR CO	nee is identified below, the d	document has been filed for	
General Electric Company Schenectady, NY							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies							
5. Change in Entity Status (from status indicated above	,	☐ h Applicant is n	o longer claiming SMA	LL ENTITY status. See 37 C	FR 1 27(a)(2)	
The Director of the USPTO is NOTE: The Issue Fee and Pu interest as shown by the record	s requested to apply the Issublication Fee (if required) v	ie Fee and Publicat	tion Fee (if any) or to			18/1-/-	
Authorized Signature	Steven	A Risa		Date	2[4/05		
Typed or printed name	Steven J. Ros	sen		Registration	No29,972		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE nework Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/646,302 RANSM Filing Date 08/22/2003 For FY 2005 Todd Jay Rockstroh First Named Inventor Examiner Name J. Johnson Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1725 TOTAL AMOUNT OF PAYMENT (\$) 1,700.00 Attorney Docket No. 134535 METHOD OF PAYMENT (check all that apply) Check L Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 07-0865 General Electric Co. Deposit Account Name:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 n 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

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Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)

(round up to a whole number) x

Fee (\$)

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1,700.00

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